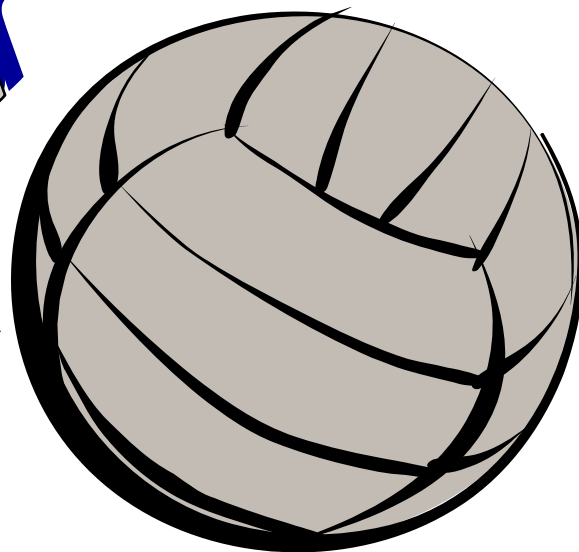


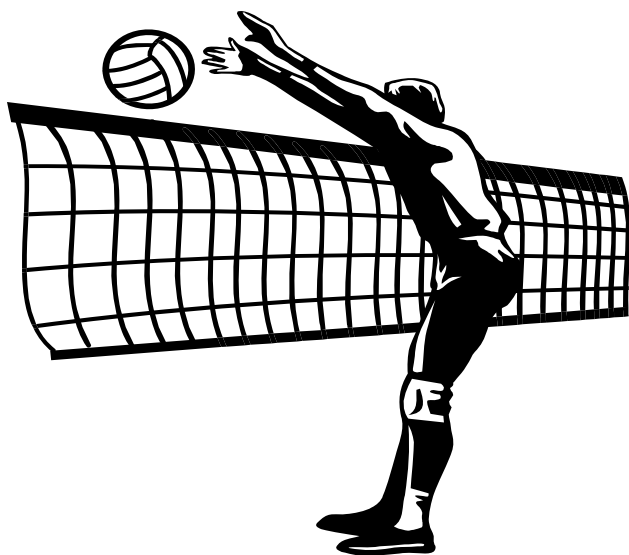
# McAllister Recreation Center Adult Co-Ed Volleyball



Registration fee is \$125 per team

Team roster & registration due to McAllister Office  
by January 4th

Open practice 7-9 P.M.,  
January 4th & 11th



Games will be played between 7  
-9 P.M. starting  
January 18th

Tournament will be  
March 15th & 22nd

Minimum of 6 player is required,  
3:3 ratio of males to females



Lafayette Parks Department's McAllister Recreation Center-Spring 2007 Adult Co-ed Volleyball

**Team Roster**

Team Name \_\_\_\_\_ Team Captain \_\_\_\_\_  
Captain Phone # (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

The McAllister Adult Co-ed Volleyball league meets on Thursday's beginning January 4th with a team sign up at 7:00 pm. The gymnasium will be available for open practice from 7-9 pm on January 4<sup>th</sup> & January 11<sup>th</sup>. League games will begin on Thursday January 18th and run through March 22nd. A single elimination tournament will be on March 15<sup>th</sup> and 22<sup>nd</sup>. Games will be played between 7:00 and 9:00 pm. A registration fee of \$125.00 per team is due when the Team Roster is returned to McAllister Recreation Center. The Team Roster and registration fee are due in the McAllister office on January 4th. A minimum of 6 players is required for a team, with a 3:3 ratio of males to females. Registration is limited to the first 8 teams registering.

**REGISTRATION DEADLINE: THURSDAY January 4th, 2007**

Player's Name	Street, City, Zip	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

As the captain of a recreational sports team, I accept a position as liaison between the McAllister Recreation Center's staff and the members of my sports team. I accept the full responsibility for the conduct regarding my team. As captain, I will promote good sportsmanship among all players win or lose.

Captain's signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN COMPLETED FORM TO:**

McAllister Recreation Center

Phone: 807-1360

**OR MAIL FORM TO:**

Lafayette Parks & Recreation Department

ATTN: McAllister Recreation Center

1915 Scott Street

Lafayette, IN 47905